

# Getting Ready for the Maryland Primary Care Program

General Program Update  
May 31, 2018  
Program Management Office

# Agenda

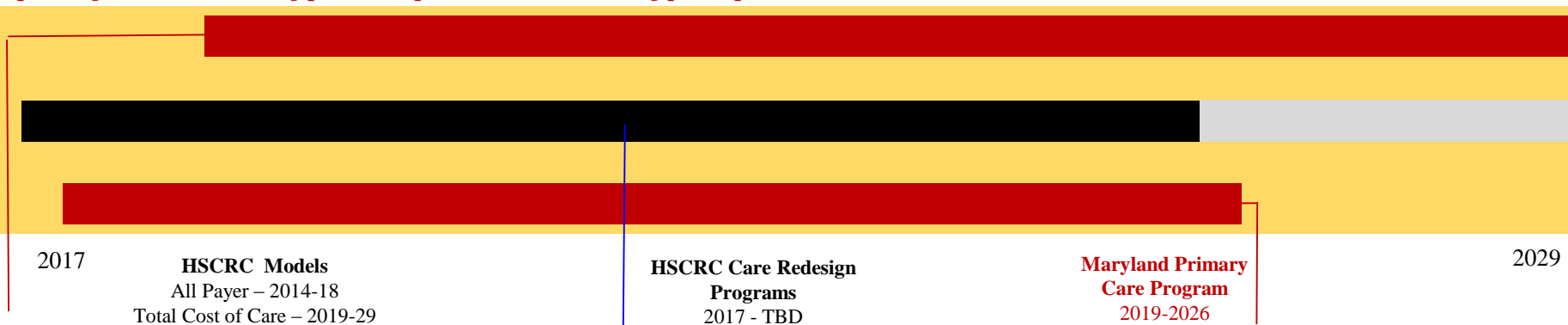
---

- Overview
- Care Delivery Redesign
- Payment Redesign
- Supports for Practices
- Eligibility & Restrictions
- Timeline

## Overview

# Total Cost of Care Model

*Improving health, enhancing patient experience, and reducing per capita costs.*



Reduce unnecessary readmissions/  
utilization



Reduce hospital-based  
infections



Increase appropriate care  
outside of hospital



Improve efficiency of care in  
hospital



Increase communication between  
hospital and community providers



Increase complex care coordination for  
high and rising risk



Reduce unnecessary lab tests



Increase preventive care to  
lower the Total Cost of Care



Decrease avoidable  
hospitalizations



Decrease unnecessary ED  
visits



Increase care coordination



Increase community  
supports

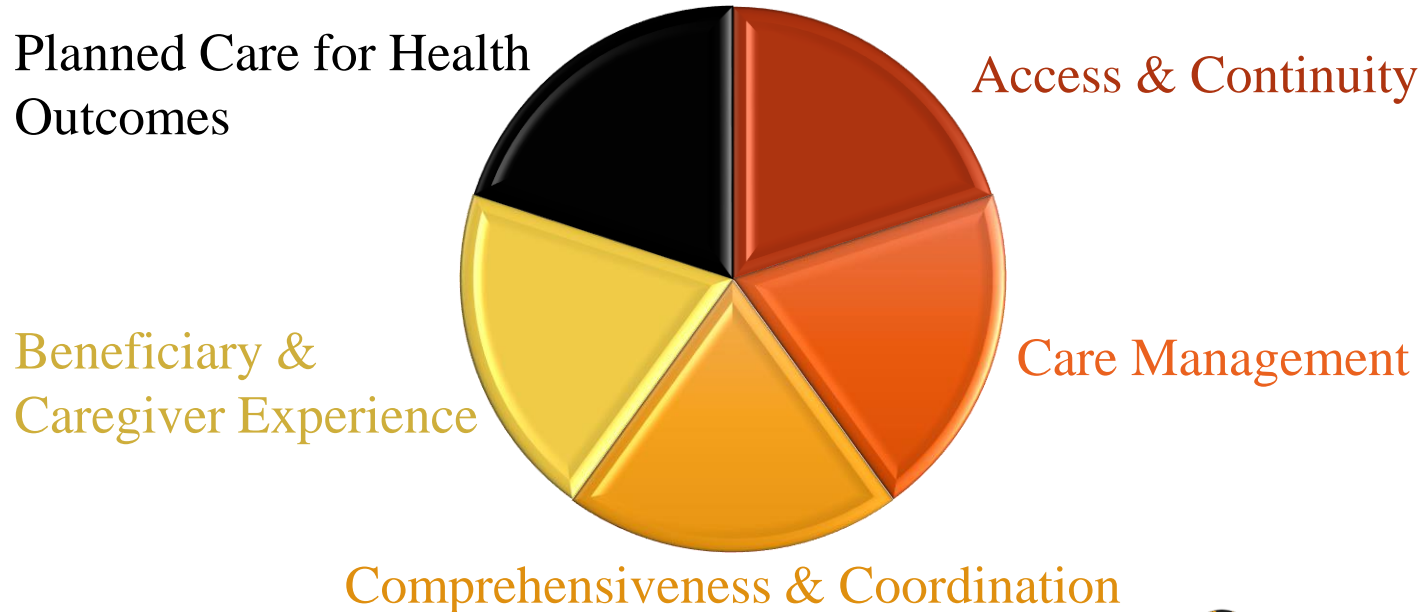
## Overview

# Similar to CPC+, Customized to Maryland

	CPC+	MDPCP
Integration with other State efforts	Independent model	Component of MD TCOC Model
Enrollment Limit	Cap of 5,000 practices nationally	No limit – practices must meet program qualifications
Enrollment Period	One-time application period for 5-year program	Annual application period
Track 1 v Track 2	Designated upon program entry	Migration to Track 2 by beginning of Year 4
Supports to transform primary care	Payment redesign	Payment redesign and CTOs
Payers	61 payers are partnering with CMS including BCBS plans; Commercial payers including Aetna and UHC; FFS Medicaid, Medicaid MCOs such as Amerigroup and Molina; and Medicare Advantage Plans	Medicare FFS (Other payers encouraged for future years)

# Requirements: Primary Care Functions

Five advanced primary care functions:



# Access and Continuity

---

## Track One

- Empanel patients to care teams
- 24/7 patient access

## Track Two (all of the above, plus)

- Alternatives to traditional office visits



# Care Management

---

## Track One

- Risk stratify patient population
- Short-and long-term care management
- Follow-up on patient hospitalizations

## Track Two (all of the above, plus)

- Care plans & medication management for high risk chronic disease patients



# Comprehensiveness and Coordination

---

## Track One

- Coordinate referrals with high volume/cost specialists serving population
- Integrate behavioral health

## Track Two (all of the above, plus)

- Facilitate access to community resources and supports for social needs





# Beneficiary and Caregiver Engagement

## Track One

- Convene Patient Family Advisory Council (PFAC) and integrate recommendations into care, as appropriate

## Track Two (all of the above, plus)

- Advance care planning



# Planned Care for Health Outcomes

---

## Track One & Two

- Continuously improve performance on key outcomes



# Quality Metrics

---

## electronic Clinical Quality Measures (eCQM) (75%)

- Report 9 or more of 19 measures
  - Group 1: Outcome Measures (2) – Report both outcome measures
  - Group 2: Other Measures (7) – Report at least 7 of 17 process Measures
- Measures overlap closely with MSSP ACO measures

## Patient Satisfaction (25%)

- Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS)
- CMS will survey a representative population of each practice's patients, including non-Medicare FFS patients



# Utilization Metrics

---

## ED Visits

- Emergency department utilization (EDU) per 1,000 attributed beneficiaries

## Hospitalizations

- Inpatient hospitalization utilization (IHU) per 1,000 attributed beneficiaries

*Utilization measures require no reporting on the part of practices*

*Calculated by CMS and its contractor at the end of each program year*

# Payment Incentives in the MDPCP

## Practices – Track 1

### Care Management Fee (PBPM)

- \$15 average payment
- \$6-\$50 PBPM
  - Tiered payments based on acuity/risk tier of patients in practice including \$50 to support patients with complex needs
- Timing: Paid prospectively on a quarterly basis, not subject to repayment

### Performance-Based Incentive Payment (PBPM)

- Up to a \$2.50 PBPM payment opportunity
- Must meet quality and utilization metrics to keep incentive payment
- Timing: Paid prospectively on an annual basis, subject to repayment if benchmarks are not met

### Underlying Payment Structure

- Standard FFS
- Timing: Regular Medicare FFS claims payment



# Payment Incentives in the MDPCP

## Practices – Track 2

### Care Management Fee (PBPM)

- \$28 average payment
- \$9-\$100 PBPM
  - Tiered payments based on acuity/risk tier of patients in practice including \$100 to support patients with complex needs
- Timing: Paid prospectively on a quarterly basis, not subject to repayment

### Performance-Based Incentive Payment (PBPM)

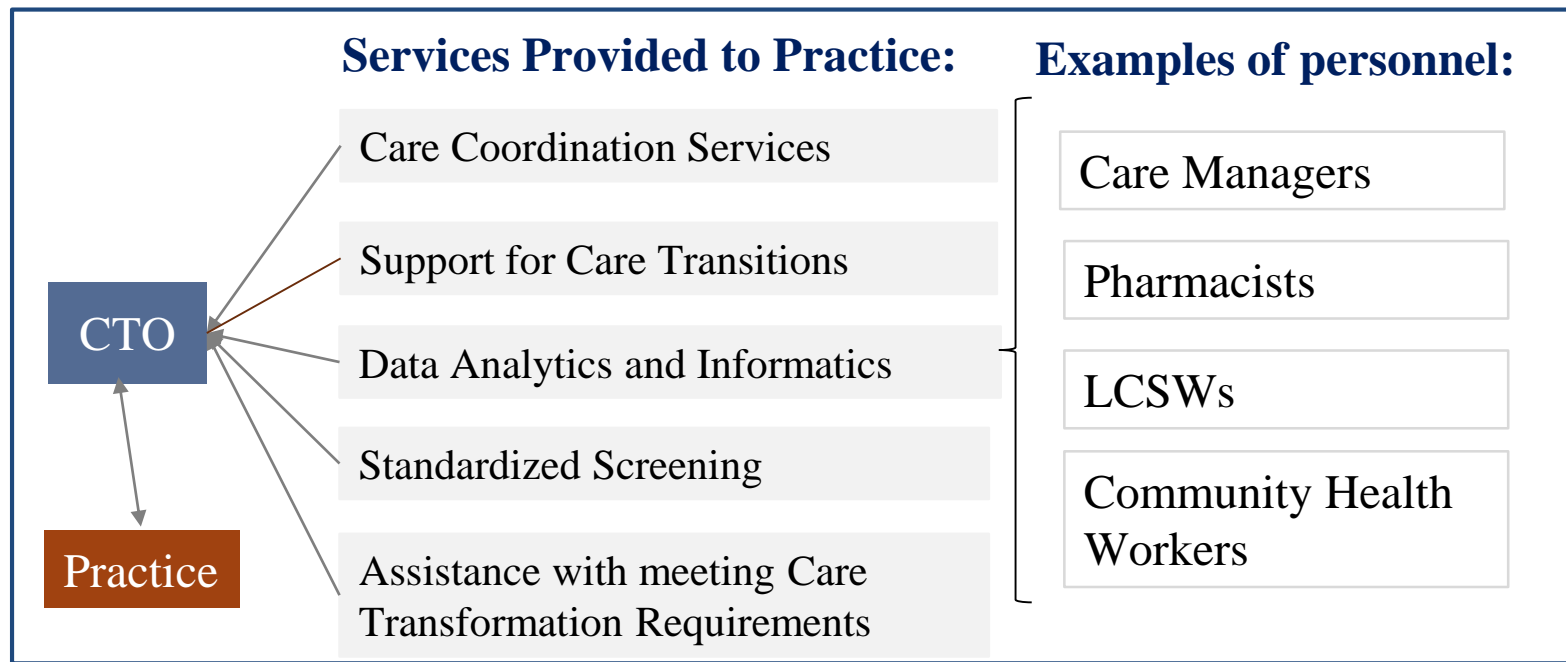
- Up to a \$4.00 PBPM payment opportunity
- Must meet quality and utilization metrics to keep incentive payment
- Timing: Paid prospectively on an annual basis, subject to repayment

### Underlying Payment Structure

- “Comprehensive Primary Care Payment” (CPCP)
- Partial pre-payment of historical E&M volume
- 10% bonus on CPCP percentage selected
- Timing: CPCP paid prospectively on a quarterly basis, Medicare FFS claim submitted normally but paid at reduced rate

# Care Transformation Organization (CTO)

**On request – assisting the practice in meeting care transformation requirements**



# CTOs' Role in the Program

---

- Provide services that are integral to meeting the care transformation requirements but do not require the personal professional services of a physician.
- Services provided “incident to” supervising provider at the practice
- Enhance capacity of practice to provide care management services, improve workflows and manage their populations
- Embed resources at the request of the practice and/or provide services to patients in the community
- Services similar to Chronic Care Management fee (CCM)

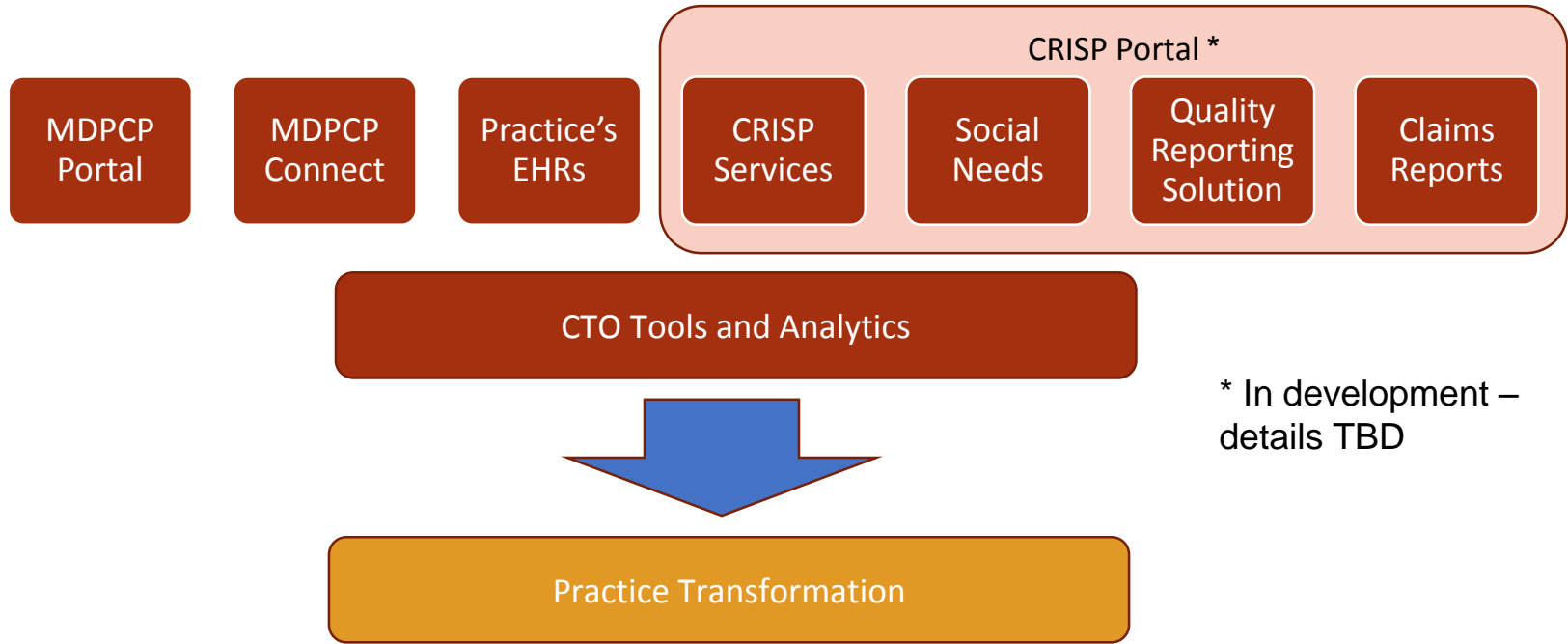


# Support Practices Can Expect

---

- Information Technology
  - CRISP
  - CMMI Practice Portal
  - CTO tools & analytics (on request by practice)
- CMMI Learning System Supports – educate practices on how to transform
- Additional State supports on practice transformation

# MDPCP Data Tools



# Practice Eligibility

---

- Meet program integrity standards
- Provide services to a minimum of 125 attributed Medicare FFS beneficiaries
- Certified electronic health record
- Practice site in Maryland
- Letters of Support and commitments from
  - Clinical Leadership
  - Ownership of practice
  - CRISP letter of support for practice

# Basic Care Requirements

---

## Track 1

- Experience with specified practice transformation activities for Track 1 include:
  - Assigning patients to practice panel
  - Providing 24/7 access to patients
  - Supporting quality improvement activities
  - Risk stratification of patients

## Track 2

- All practices must meet care delivery requirements for Track 2 by no later than beginning of Year 4 participation including:
  - Offer alternative care delivery options
  - Accept hybrid payment

# Health Information Technology Requirements

---

- Utilize a certified electronic health record
- State Health Information Exchange (CRISP) connectivity in year one and commitment to bi-directional data exchange by end of first year in Track 2
- Quality Reporting
  - Use the latest eCQM specifications for all measures (including all annual updates)
  - Report measures electronically to State Health Information Exchange's quality measures system (direct from E.H.R. or portal)

# Restrictions on Practice Participation

---

- Not charge any concierge fees to Medicare beneficiaries
- Not be a participant in certain other CMMI initiatives including
  - Accountable Care Organization [ACO] Investment Model
  - Next Generation ACO Model
  - Comprehensive ESRD Care Model
- Not a Rural Health Clinic or a Federally Qualified Health Center
  - Provider may participate through an eligible practice

# Timeline

---

Activity	Timeframe
Release Applications	Early June 2018
Select CTOs and Practices	Summer/Fall 2018
Sign Agreements	Fall 2018
Initiate Program	Jan 2019
Annual Enrollment	2020 - 2023
Program Participation	2019 - 2026

# Thank you!

---



**Updates and More Information:**

<https://health.maryland.gov/MDPCP>



# Useful Videos on CPC+ ---

- Part 1: (Care Delivery Transformation)  
[https://www.youtube.com/watch?v=DWUea\\_UD\\_Kw](https://www.youtube.com/watch?v=DWUea_UD_Kw)
- Part 2: (Payment Overview)  
<https://www.youtube.com/watch?v=KMNCi76w9K8>
- Part 3: (Care management fees)  
<https://www.youtube.com/watch?v=NBVNQyNeKJ8&feature=youtu.be>
- Part 4: (Hybrid Payment)  
<https://www.youtube.com/watch?v=xPeyjE8couk&feature=youtu.be>

# Quality Metrics

---

- Measures for 2018

<https://innovation.cms.gov/Files/x/cpcplus-qualrptpy2018.pdf>